

CH

08CV2286

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  |  |
| 1. Article Addressed to:<br><br>Chief of Criminal Appeals<br>Illinois Attorney General's Office,<br>100 West Randolph - 12th Floor<br>Chicago, IL 60601  |  | B. Received by (Printed Name) C. Date of Delivery<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No  |  |
|  |  | 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
| 2. Article Number<br>(Transfer from service label)   |  | 7004 2510 0001 9700 8941  |  |
| PS Form 3811, February 2004  |  | Domestic Return Receipt 102595-02-M-1540  |  |

FILED

MAY 13 2008 PH  
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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.